



## WYOMING diabetes quarterly

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### Community Spotlight

## Wyoming Communities Celebrate Diabetes Month

It's not too early to be thinking of activities for National Diabetes Month in November 2007. To get you started, here is a list of some activities that were conducted in Wyoming communities for National Diabetes Month 2006.

**Fremont County** – Diabetes educators in the county partnered with exercise facilities in Lander, Riverton and Dubois to provide diabetes educational information during open houses at the facilities. A B.E.A.D. (Bodies Exercising Against Diabetes) walk was held on the Wind River Indian Reservation. A piece of leather with four different colored beads symbolizing the colors on the medicine wheel was used to represent four health goals.

**Cody** – A diabetes forum was held every Tuesday during the month of November. Topics included: taking care of your feet; diabetes – who is at risk?; diabetes eye care; and diabetes and hypertension. Each program was offered twice; once during the day, and once in the evening. The month-long event was sponsored by the Cody Diabetes Team, West Park Hospital, and an unrestricted grant from Sanofi-Aventis.

**Powell** – Radio spots were heard throughout the month addressing topics dealing with diabetes. A Diabetes Health Awareness Day was held with many local businesses and organizations sponsoring booths. Booths included foot assessments, vision care, diabetes support group sign-up, nutrition information, blood pressure checks, and a promotional booth for *Dining with Diabetes*.



Foot exam is conducted in Powell during National Diabetes Month, November 2006.

**Buffalo, Sheridan and Wheatland** – Communities sponsored *Dining with Diabetes* classes during the month of November. The series of five classes is a partnership between Diabetes Educators in the communities and Extension Educators with the University of Wyoming Cooperative Extension Service.

**Washakie and Hot Springs Counties** – Several free diabetes foot clinics were held during the month. Other programs included an educational program on food portion distortion, a senior fitness screening, immunizations for influenza and pneumococcal, and A1c testing. The sharps disposal program was promoted throughout the month.

**Laramie** – A Diabetes Expo was held at Iverson Memorial Hospital. Topics covered at the Expo included childhood obesity and Type 2 diabetes, depression and chronic illness, and healthy meal planning for the holidays.

# cardiac corner



## Worksite Wellness

by Paul Knepp, HDS Program Coordinator, Department of Health

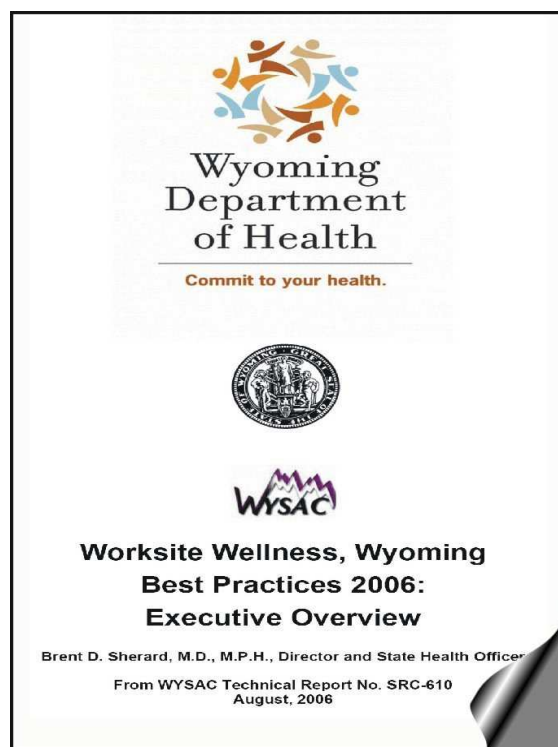
For those of you who have not yet heard, worksites across Wyoming were recently surveyed regarding wellness initiatives. We here at the Department of Health wanted to know what it takes to make an effective worksite wellness program, as well as create a document for employers who would wish to begin such a program.

Worksite wellness programs have proven beneficial for businesses across the country for many years. Only recently have they been placed more into the spotlight. Employers are constantly concerned about their return on investment. I challenge any employer to tell me their employee is not an investment. If implementing a wellness program can increase productivity, reduce absences, and reduce healthcare costs, why haven't these wellness programs been adopted sooner?

The following are excerpts from the press release which took place December 8, 2006:

The study reviews the current worksite wellness program situation in Wyoming, discusses the business benefits and makes a series of recommendations for "best practices" to ensure programs are successful.

"Five of the six leading causes of death in Wyoming are largely preventable with healthier lifestyles," said Dr. Brent Sherard, Wyoming Department of Health director and state health officer. "Worksite wellness programs can go a long way toward encouraging and supporting



good personal health choices."

According to the study, 30.3 percent of Wyoming worksites surveyed provide some type of formal wellness programs for their employees and many (86.6 percent) of the businesses without wellness programs do not have plans to start one. Although not always having a formal wellness program, more than half of the worksites do support employee physical activity during work time (over lunch, during breaks, flex-time use, etc.), and about half have healthy food options available to employees through vending machines or other sources.

A complete copy of the report as well as an executive overview is available on the Department of Health web site at <http://healthywyoming.org>.



# Diabetic Neuropathy & Foot Complications:

## Hopeful Developments in Treatment

By D. Scott Nickerson, MD

Painful diabetic neuropathy, numbness, neuropathic ulcers and their cascade of devastating complications are among the most feared consequences for our patients with diabetes. We all were taught that “stocking-glove anaesthesia” was relentless and irreversible, and the only helpful treatment was diligent glycemic control and careful attention to foot exams and preventive skin care. Accumulating evidence indicates that this is no longer true. Pain relief and arrest or reversal of progressing numbness are now possible with a safe and simple outpatient surgery.

Recent recognition that there is an anatomic component to diabetic peripheral neuropathy justifies release of trapped peripheral nerve trunks at areas of the foot and hand where it passes through tight fibro-osseous tunnels. One effect of the metabolic disturbances in diabetes is an enlargement of peripheral nerve trunks, producing a napkin ring effect with loss of nerve circulation, local ischemia and interruption of axoplasmic flow within the nerve fascicles. This swollen, often painful nerve can be relieved by surgically opening the snug areas such as carpal tunnel, tarsal tunnel and common peroneal tunnel at the fibular neck.

More than 15 authors have confirmed initial reports by Professor Lee Dellon of The Johns Hopkins Medical Institutions that pain relief, reversal of numbness and restoration of protective sensation can be achieved in over 80% of cases. Later reports demonstrate improvement in balance as well, which should minimize risk of falls. Other reports in prospective studies indicate protection against ulcer development, subsequent infection and amputation. Risk of ulcer recurrence also appears to be greatly diminished by nerve decompression, likely by restoration of some degree of protective sensation.





## New hope for foot complications—continued



There are also early data supporting using nerve release to abort the dreaded acute Charcot Foot with its sympathetic dystrophy-like autonomic dysfunction and hyperemic osteoclastic crisis

leading to bony architectural collapse. There are now several surgeons in Wyoming trained in the Dellon techniques and available to diabetic patients referred by their physicians for consideration of this procedure.

Diabetes neuropathy is an area where dogma is being challenged by new information and understanding. The voluminous basic research underlying surgical treatment of distal symmetric polyneuropathy is still viewed skeptically by many non-surgeons. Surgical decompression in diabetes was debated in recent scientific sessions of the ADA (June, 2006) and the Neurology Academy has taken the position that the therapy is “unproven” pending randomized, blinded, prospective studies. But for the team treating neuropathic foot problems, especially if painful and requiring expensive pain modifying medications, this surgical treatment deserves to be one of the options presented to patients for consideration in their otherwise grim, progressive, downhill course.

Another recent advance is the demonstration that the commercial Removable Cast Walker boots can

be just as effective as the Total Contact Cast in healing the neuropathic plantar ulcer on the insensitive diabetic foot. If the Walker Boot is rendered irremovable with a wrap of Plaster of Paris, Coband or a cable tie, over 90% of diabetic ulcers will heal in 6 weeks or less. This statistic matches the performance of the total contact cast, but requires neither casting expertise nor hour-long cast changes 3 or 4 times monthly. The boot is quickly applied, reusable, relatively cheap, allows wound access, ensures compliance, and reduces direct pressure plus both vertical and horizontal shear stresses which retard wound healing. Royce Medical, Aircast, and Bledsoe Boot Company all

have diabetic walker boots.

Proper early care of the diabetic neuropathic foot ulcer should dramatically reduce the need for hospital treatment of infected ulcers

and consequent amputations. In addition to sustaining patient function and independence, cost savings will be significant.

Patients or practitioners looking for more information or layman's brochures may visit [www.dellonipns.com](http://www.dellonipns.com). To find trained surgeons visit [www.sensorymanagement](http://www.sensorymanagement) and link to Testing Center Locations. The footcare team may feel free to consult the author for advice or to schedule a patient educational or CME presentation.

**Pain relief, reversal of numbness, and restoration of protective senses can be achieved in over 80% of the cases.**

**D. Scott Nickerson, MD; Fellow, American Academy of Orthopedic Surgeons, Sheridan, WY,  
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The website for the Wyoming Diabetes Prevention and Control Program has been updated. Check out the site at: <http://wdh.state.wy.us/diabetes>. An order form for publications is now available from the website along with county diabetes rates from the 2005 *Behavioral Risk Factors Surveillance System* (BRFSS). You can also review all the past DPCP newsletters from the website.

*Wyoming Association of  
Diabetes Educators (WyADE)*  
**Upcoming Retreat**

**When?**

April 19th  
& 20th,  
2007

**Where?**

Thermopolis,  
Wyoming

**Times?**

8:30 AM on  
Thursday until  
1:00 PM on  
Friday

**Main  
Speaker:**  
Udaya Kabadi, MD—  
using insulin earlier  
in the course of  
diabetes

Entertainment  
& free time to  
charge your  
battery

Panel discussion  
on gaining &  
maintaining ADA  
recognition

Presentation on  
coding & billing  
for Medicare  
reimbursement

WyADE meeting  
to connect with  
fellow diabetes  
educators

**For more information contact:**

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8.1 CEU's  
possible

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calendar



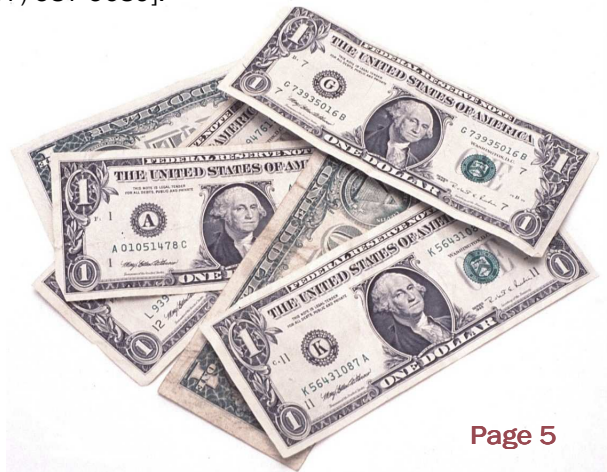
*Diabetes Prevention &  
Control Program offers*  
**Community Grants**

The Diabetes Prevention and Control Program (DPCP) is pleased to announce the availability of community grants. "We've had a great response to our community grant programs in the past, and we are hoping for the same excellent response this year," says Star Morrison, Program Coordinator for Wyoming DPCP.

"The grant program encourages communities to collaborate, enhance diabetes programs, and promote best practices in diabetes care and prevention for communities in Wyoming," Morrison adds.

Grant applications are currently being accepted and the deadline for receiving grants is March 1, 2007. The request for proposals and application form in WORD files can be downloaded from the DPCP website at: <http://wdh.state.wy.us/diabetes>. Or, the grant packet can be mailed to you by calling (307) 777-6601. Communities can request up to \$2500. Projects must be completed by March 1, 2008.

Funding for the program is provided by the Wyoming Diabetes Prevention and Control Program, with the grant program being managed by the Wyoming Health Resource Network (WHRN). For more information, contact Betty Holmes [bholme@state.wy.us; (307) 777-6011] or Wanda Webb [wwebb@state.wy.us (307) 587-5689].



# Americans with Disabilities Act and Diabetes

The New York Times published an in-depth article on December 26, 2006, describing the complications many workers with diabetes face when trying to keep their jobs. Employers have fired workers with diabetes citing safety concerns. What if the worker becomes hypoglycemic and suffers from dizziness, fainting or muddled judgment? But many workers have fought back by filing lawsuits under the Americans with Disabilities Act. Here are a few highlights from the article:

- Examples of people with diabetes who lost their jobs included a mechanic who went on insulin to control his diabetes, a mortgage loan officer who was not allowed to eat at her desk to curb her high blood sugars, and a worker at a candy company who asked where would be the best place to dispose of his insulin injection needles.
- Currently, federal law bars people with diabetes from joining the armed services and prohibits people on insulin from becoming commercial pilots.
- The courts have been of little help when it comes to clarifying how diabetes fits under disability laws. Judges in nearly identical cases have ruled in completely opposite ways. Workers with diabetes are forced to teeter on a narrow balance beam of proving they are disabled enough to fit under the law, but yet fit enough to do their jobs. Accommodations are usually very modest and include such things as predictable hours, a place to test blood, and freedom to snack when sugars get unbalanced.
- Employers argue they too are on a teetering narrow beam of balancing productivity with soaring medical costs. The annual medical cost of a worker with diabetes is estimated at \$13,243; a figure five times higher than workers without diabetes. Employers also contend that if they bend the rules for one person, such as more frequent breaks, the concession breeds resentment with other employees since the other workers cannot legally be told the exception to rules was due to diabetes.
- Wary of the potential bad outcomes with the legal system, many workers with diabetes choose to conceal their illness. Although many cases are settled, employers prevail in the vast majority of legal cases. Prejudice is difficult to prove. Additionally, a Supreme Court ruling in 1999 stated disabilities that could be corrected with medication or other treatments like prostheses were not necessary covered under the disability law.
- The mechanic placed on leave when he went on insulin had a hard time making sense of the laws. When his diabetes raged out of control, he was able to keep his job. When he went on insulin and mastered excellent control of his blood sugars, he lost his job since he was required to maintain a commercial driver's license. After navigating through legal procedures for over two years, the mechanic hopes to finally get his job back. On another note of irony, he collected disability (at a rate of about half his regular income) the entire time the company claimed he was not disabled.

*Reference: Costs of a Crisis: Diabetics Confront a Tangle of Workplace Laws, by N.R. Kleinfeld, The New York Times, December 26, 2006*

**Wyoming  
Diabetes**  
Prevention and Control Program

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**Wyoming  
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Commit to your health.



## Coming in 2008 - - -

You won't want to miss the Wyoming Department of Health's first Chronic Disease conference scheduled for the spring of 2008! In preparation for the conference, the DPCP will not be hosting their annual diabetes education conference. The Diabetes Conference Planning Committee is still hard at work planning the diabetes sessions of the Chronic Disease conference.

